

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/889116  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		①		1			55						
6		①		1			56						
7		①		1			57						
8		①		1			58						
9		①		1			59						
10		①		1			60						
11		①		1			61						
12		①		1			62						
13		①		1			63						
14		①		1			64						
15		①		1			65						
16			1				66						
17				1			67						
18			1				68						
19				1			69						
20			1				70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	16	→	9	→		→	TOTAL DEP.		→		→		→
TOTAL CLAIMS	17		13				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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